

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) H3 Elgin City Police Department PO Box 128 Elgin, OR 97827-0000 <i>Forced 11/18/96</i>					
4. Employer Identification Number 936002155	5. Recipient Account Number or Identifying Number OR 03102 F	6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual		
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95	To: (Month, Day, Year) 02/28/98	9. Period Covered by this Report From: (Month, Day, Year) 07/01/96	To: (Month, Day, Year) 09/30/96		
10. Transactions:		I Previously Reported 06/30/96	II This Period	III Cumulative	
a. Total outlays		34,644.00	9028	43,672	
b. Recipient share of outlays		1,407.00	1,778	3,185	
c. Federal share of outlays		33,237.00	7,250	40,487	
d. Total unliquidated obligations		***	***		
e. Recipient share of unliquidated obligations		FOR	FOR		
f. Federal share of unliquidated obligations		OJP	OJP		
g. Total Federal share (Sum of lines c and f)		USE	USE	40,487	
h. Total Federal funds authorized for this funding period		ONLY	ONLY	69,701.00	
i. Unobligated balance of Federal funds (Line h minus line g)		***	***	29,214	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$ PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ			Telephone (Area code, number and extension) 541 437-2253		
Signature of Authorized Certifying Official 			Date Report Submitted 11/18/96		

John Weaver
96

	July	Aug	Sept
Gross Salary	2190.00	2005.45	1962.61
FICA	135.99 271.60	124.34 248.60	121.68 243.4
Med Care	31.76 63.60	27.08 58.00	26.46 56.90
Retirement (PERS)	131.41 ✓	126.33 ✓	117.76 ✓
Med insur	358	358	358
Work Comp 5%	109.50	104.77	90.13
Unemployment	65.71	60.16	58.88
	3190-	2950.80	2887.60
			9028.4 (3/4)

2nd year

fed ret

.803

Fed

7250

City

1,778.4